

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/18/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/06/2009
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 3101 PLUMAS RENO, NV 89509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the complaint investigation conducted at your facility on 1/28/09 through 2/6/09. The sample size was four residents. The following complaint was investigated: Complaint #NV00020768 was substantiated. See Tag F 309. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.		
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and observation, the facility failed to provide podiatry services for 2 of 4 residents. (#1, #2) Findings include: Resident #2 was originally admitted to the facility on 8/2/01 and was readmitted on 11/25/08 following a hospitalization. Her diagnoses	F 309			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deborah Payable

Administrator

3/2/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>included obesity, diabetes mellitus and peripheral vascular disease. Her minimum data set (MDS) dated 12/9/08, revealed she had no memory impairment and exhibited modified independence in cognitive skills for decision making.</p> <p>Record review revealed no evidence that Resident #2 had seen a podiatrist within the past three months. Review of the resident's care plan revealed that the resident was to receive podiatry care every three months and as needed due to diabetes. Review of physician orders upon readmission revealed an order that read "May have podiatry care."</p> <p>On 1/28/09 at approximately 2:00 PM, Resident #2 was interviewed. She reported that she used to receive regular podiatry care, but the care stopped and she was not sure why that happened. She stated that she wanted to be placed on the list to see the podiatrist, but did not know how to do it. She stated that when her toe nails became long she placed her legs up on her bed and used her fingers to pick her toenails until they broke off. She stated that she worried that breaking the nails off might harm her.</p> <p>On 1/28/09, Resident #2's toes were examined by the unit nurse. All nails were down to the quick. Slight redness was noted around the fourth and fifth toe nails of the left foot.</p> <p>The Director of Nurses was interviewed on 1/28/09. She reported that Resident #2 had not been placed on the list of residents to be seen by the podiatrist.</p> <p>Resident #1 was admitted to the facility on 10/27/06, with diagnoses including dementia,</p>	F 309	<p>This facility does and will continue to provide podiatry services for those residents requiring this service</p> <p>Resident #1 was seen by the podiatrist on 2/2/09</p> <p>Resident #2 was seen by the podiatrist on 2/11/09</p> <p>Like residents have been identified as those who have received podiatry care from the facility's contract podiatrist.</p> <p>Charts have been reviewed for consult reports from the facility podiatrist and those residents indicated to need ongoing care have been identified.</p> <p>Beginning with the March podiatry visit, all residents seen by the podiatrist will have the consult sheets reviewed by a Nurse Manager or designee prior to the chart returning to the unit. If a future visit or treatment order is indicated, an order will be written at the time to ensure treatment and follow up occurs as indicated.</p> <p>Nurse Managers have been educated to the process for podiatry follow up.</p> <p>The DON or designee will verify the telephone orders against the consult sheets after the podiatry visit.</p>	<p>2/11/09</p> <p>2/22/09</p> <p>2/22/09</p> <p>3/11/09</p> <p>3/10/09</p> <p>3/11/09</p>	

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F 309	<p>Continued From page 2</p> <p>chorea, and persistent vegetative state.</p> <p>Record review revealed that Resident #1 was examined by a podiatrist on 5/14/08, and that the podiatrist recommended she be treated in 60 days for foot care due to systemic conditions. No evidence was found to indicate that the resident was seen by the podiatrist since the 5/14/08 examination. In an interview with the facility Administrator on 1/28/08, she reported that she had checked all records and could not find evidence of follow up exam.</p> <p>Resident #1's left foot was examined. The nail on the great toe was yellow in color and hypertrophied (enlarged). No redness, bruising or drainage was noted. The underside of the nail was partially exposed and was brown in color.</p>	F 309	<p>Random audits of podiatry consults will be conducted by the DON to ensure accuracy.</p> <p>If problems are identified, it will be brought to the attention of the QAA committee for further recommendations.</p>	<p>3/16/09</p> <p>3/16/09</p>	

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